

NONPROFIT CORPORATION

STATE OF MAINE

CERTIFICATE OF CORRECTION

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to [13-B MRSA §106.4](#), the undersigned, a corporation (incorporated under the laws of the State of Maine), (incorporated under the laws of the State of _____, and authorized to carry on activities in Maine), executes and delivers for filing this Certificate of Correction:

FIRST: On _____ the Secretary of State filed a document delivered for filing by the undersigned corporation entitled:
(date)

_____.
(i.e. Articles of Incorporation, Articles of Amendment, etc.)

SECOND: Said document is an inaccurate record of the corporate action therein referred to, or was defectively or erroneously executed, sealed or acknowledged.

THIRD: The inaccuracy or defect to be corrected is described as follows:

FOURTH: The portion of the said document to be corrected is corrected to read in its entirety as follows:

FIFTH: Said document as so corrected is effective as of the date of original filing set forth in Article FIRST, except as to those persons who are substantially and adversely affected by the correction, and as to those persons the corrected document shall be effective from the date this certificate of correction is filed by the Secretary of State.

SIXTH: The address of the registered office of the corporation in the State of Maine is _____

(street, city, state and zip code)

DATED _____

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

Note: If this document changes the Registered Agent and the new Registered Agent **does not** sign, Form [MNPCA-18 \(13-B MRSA §304.3 or 13-B MRSA §1212.1-A\)](#) must accompany this document.

The undersigned hereby accepts the appointment as registered agent for the above named nonprofit corporation.

REGISTERED AGENT _____ **DATED** _____

(signature) (type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature) (type or print name and capacity)

*If this is a domestic corporation, this document **MUST** be signed by: ([13-B MRSA §104.1.B](#))

- (1) the **Clerk or Secretary OR**
- (2) the **President** or a Vice-President **together with** the **Secretary** or an assistant. secretary, or a 2nd certifying officer **OR**
- (3) if no such officers, then a majority of the **Directors OR**
- (4) if no such directors, then the **Members.**

*If this is a foreign corporation, this document **MUST** be signed by any duly authorized individual. ([13-B MRSA §104.1.D](#))

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**